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Evaluation of a Family-Centered Parenting Program for Culturally Diverse High-Risk Families

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Evaluation of a Family-Centered Parenting Program
for Culturally Diverse High-Risk Families

by
Natasha Houston

An Applied Dissertation Submitted to the
Fischler School of Education and Human Services
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova Southeastern University
2008

Approval Page

This applied dissertation was submitted by Natasha Houston under the direction of the persons listed below. It was submitted to the Fischler School of Education and Human Services and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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Acknowledgments

To my dissertation adviser, Dr. Nibaldo Galleguillos, I want to thank you for being patient and continuing to encourage me throughout this long process. I would not have been successful without your continued support. I want to thank Dr. Marcia Skopp for assisting with timeline issues that were outside of my control.

Many thanks go to my family and friends for supporting me throughout this process and continuing to encourage me to complete this long-term goal.

Abstract

Evaluation of a Family-Centered Parenting Program for Culturally Diverse High-Risk Families. Houston, Natasha, 2008: Applied Dissertation, Nova Southeastern University, Fischler School of Education and Human Services. Social Problems/Family Problems/Attachment Behaviors/At Risk Persons/Child Behavior

The purpose of this study was to evaluate the effectiveness of a family-centered parenting program for culturally diverse high-risk families using science-based curricula and evaluation tools. Despite the evidence supporting the effectiveness of parenting education, there are still limitations to the current body of knowledge. Research has been conducted primarily with middle-class European American mothers. Less is known about parenting education with culturally and economically diverse families. In addition, much of the additional research targeted well-functioning families. High-risk families are less likely to participate in parenting programs and research studies. Most programs do not use evidence-based curricula or conduct evaluations using valid reliable measures. Last, most programs work solely with the parent and do not have a family-centered approach. Including children suggests the entire family learns together and has a better opportunity to build family cohesion.

This study utilized a science-based curricula parenting program for at-risk families. The sample population included 31% Caucasian, 2% Hispanic, 66% Native American, and 1% of other races combined. Quantitative data reflected that overall parenting scores increased in both target and control groups based on the scores from pretest to posttest with a *t* score of 0.459 for the target group and 0.346 for the control group.

Overall, the program was successful, and the applied dissertation effectively met each of the 6 outcomes. Nonprofit organizations should review the findings of this applied dissertation to develop more programs that incorporate science-based curricula to address the parenting needs of those who are high risk.

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Chapter 1: Introduction

Statement of the Problem

Parents referred to the local agency in this community were ill prepared to understand their children's perceptions and expectations. A new research-based curriculum was necessary to make positive changes.

Description of the Problem

The problem identified in this study was that there was no science-based parenting program used in this community center that could assist parents in changing their perceptions to understand and recognize cues to and from their children. This agency was a voluntary agency that assessed the home situation, assisted with parenting knowledge, and offered basic case-management services to include among others transportation, parenting education, educational services to mothers who were in the local penitentiary, goal setting, and basic parent skills. The mission statement of this agency was to provide voluntary services to children and families.

In the past, interventions were offered, but very little success was reported. Families would often engage in different forms of parenting classes and report very little change in their interactions with their children. Families would work one-on-one with case workers around parenting issues. However, no specific curriculum or structured education was offered to the family. Many parents reported a need for a program that would assist in positively changing their relationship with their child. These reports became more frequent around the same time that the Nurturing Parenting Program was put into place at this local agency.

Purpose of the Project

First, parents had the opportunity to develop and improve their perceptions about

their attachment level with their young child. With the development of greater knowledge, the interactions with their child were expected to increase. The child, in turn, would develop a heightened sense of security, and his or her emotional and cognitive growth would thus be enhanced. Second, parents had the knowledge and opportunity to improve their perceptions about the level of care that they provided to their child. The parents' perceptions of their abilities to identify and respond appropriately to the child's needs increased, thus creating a more trusting secure relationship between the parent and child. Third, the more education parents received, the more secure they felt in their interactions and communication with their child. With the increased knowledge and skills that the parents acquired, their perceptions changed, and they would have provided for their child in a more appropriate manner. This increased the chances for more positive parenting and, conversely, decreasing the risk of physical abuse and neglect.

Research Questions

The applied dissertation study sought to answer four research questions:

1. Will this parenting program assist parents in changing their perceptions to understand and recognize cues to and from their child?
2. Will this parenting program improve parental perceptions about their attachment level with their young child?
3. Will this parenting program improve parental perceptions about the level of care that they provide to their child?
4. Will this parenting program provide the parents with more security in their interactions and communication with their child?

Research Hypothesis

The writer hypothesized that the parents who participated in the study would

increase scores in each of the five constructs of the Adult Adolescent Parenting Inventory (AAPI; Family Development Resources, 2006; see Appendix A) after the educational training. In order to achieve these results, the writer compared pre- and posttest scores on the AAPI assessment. This was a one-tailed directional hypothesis as the author expected a positive change in the participants' overall scores in the target and control groups.

Definition of Terms

The following terms were used throughout the applied dissertation. The defined terms are as follows and have been developed by the writer or adapted from the *Nurturing Parenting Program Parent Handbook* (Bavolek & Bavolek, 2001).

Attachment behaviors. Attachment means a bond between parents and their children. Attached persons convey a deep love to their children that is unconditional. If a child does not have a basic attachment by age 3, there will be a difficult strain on the family unit.

At-risk persons. An at-risk person is one who can be cruel, abusive to self and others, is capable of hurting others, and generally disregards the overall goodness and respect of other living things and objects (Bavolek & Bavolek, 2001). At-risk persons can exhibit behaviors that will often negatively affect the environment.

Child behavior. A child's behavior is determined by where they are at in their physical, intellectual, language, social, and emotional development (Bavolek & Bavolek, 2001). Child behavior can be seen as a catalyst for abuse and neglect.

Family problems. Men and women who continually sacrifice their own needs will soon find themselves feeling burned out and resentful as fathers and mothers (Bavolek & Bavolek, 2001). These issues will inhibit their ability to focus on the parent-child relationship.

Social problems. Social problems, such as automobile crashes, physical and sexual child abuse, child neglect, rape, assault, vandalism, spouse battering, and a host of many other crimes, cause society pain and suffering (Bavolek & Bavolek, 2001). Social problems often interfere with the ability to have a positive parent-child relationship.

Chapter 2: Literature Review

Introduction

This writer completed an inclusive analysis of the literature based on research studies, theory, and other peer-reviewed publications. This assessment of the literature with a precise focus on theoretical viewpoints provided a summary of issues around this research problem and recommended likely results.

It is essential to know the symptoms to look for in order to evaluate the effectiveness of parenting to the child. An examination of the foundation of attachment theory shows how and what to study in order to change future parenting perceptions, habits, and actions.

Attachment

Attachment is the basic ability to bond with another person. This is critical for long-term development in order to develop empathy, caring, and kind actions towards other members of society.

Why is it important to have normal parent child interactions? Lester, Meyer, Boukydis, and Zeanah (1993) stated,

The earliest and primary relationships provide a social matrix within which development of all areas of functioning occurs, including cognitive, social-emotional, communicative, and motoric capabilities. . . . The infant's or young child's primary relationships contribute to the development of his or her beliefs regarding what may be expected in relationships with others, as well as of his or her coping abilities and personality. Social and emotional functioning are best assessed within the context of relationships. (p. 205)

Ainsworth, Blehar, Waters, and Wall (1978) reported that infants acquire a sense of security through the many interactions they have with their mothers during the 1st year. When mothers demonstrated sensitive responsiveness to infants in the first months of life, the infants demonstrated secure attachments later and were able to use the

caregiver as a secure base for exploration and source of comfort in times of stress.

Attachment behavior is a condition linking a child to his or her caregiver who is the individual he or she perceives as being much stronger and older. The behavior is most often demonstrated by the child's proximity seeking. The child remains close to the caregiver when he or she perceives danger, when the child is sick or tired, and following separation or even exhaustion. The attachment behaviors are decreased once the threat is no longer there. Availability of a caretaker in a predictable manner determines whether a child will seek out that caretaker as a secure base of support.

An array of influences impacts the attachment process. Among those influences are the early experiences or history of the primary caretaker, which in most instances is the mother. Bowlby (1988) suggested that attachment behaviors serve to ensure survival:

On the one hand, when the animal is reared in its environment of evolutionary adaptedness, the resulting organization of behavior tends to maintain it in proximity to animals that are friendly and to places that are safe and, in addition, tends to keep it away from predators and dangers. By having these effects the resulting organization has survival value. (p. 325)

At least two elements in their environment are guaranteed to have a significant impact in early childhood. First, the death or a prolonged separation of the primary caretaker is believed to result in offspring who are emotionally detached and have a propensity to engage in antisocial behaviors. A second significant factor is the primary caretaker's attitude toward the child as evidenced by the way the primary caretaker conducts himself or herself in those routine activities such as the care and feeding of the child (Bowlby, 1988).

In most circumstances, children are born with a series of reflexes and activities, which serve to stimulate maternal responses. In an ideal situation, a mother would be attuned to her child and should respond to each of his or her signals (Coppolillo, 1975).

According to Coppolillo, responses made by the mother figure will serve to both “gratify the child and allow him to return to a state of serene quiescence” (p. 202). He further suggested that memories of these pleasant encounters are stored away in both the mother and child and serve as the foundation for future “hope, confidence, and optimism” (p. 203) in human affairs.

Coppolillo (1975) admitted that not all of a child’s signals are correctly interpreted or understood by the primary caretaker. Under certain circumstances, the relationship is impaired when the primary caretaker is ready to respond to the child’s needs, yet the child fails to emit signals. He further added that “these are situations in which the bonding process between mother and child is impeded by barriers which have been imposed by external agencies” (p. 204). This situation is likely to occur when the child is overly sedated or lethargic. In response to these situations, Coppolillo believed that a mother may experience distress and self-doubt regarding her capacity to serve as a parent.

Lester et al. (1993) suggested that infants differ in messages they communicate to their caregiver and caregivers differ in their capacities to interpret signals and provide adequate caregiving responses. Lester et al. examined different populations of at-risk mothers and their infants where the communication of the infants and their responses of the parent varied in how information was processed regarding the need for care. Lester et al. proposed that some mother-infant pairs have characteristics that lend to healthier development better than do others.

Spitz (as cited in Coppolillo, 1975) addressed the barriers imposed on the mother-infant relationship from external sources. In his work on hospitalism, Spitz found that mother-infant pairs separated shortly after birth and where the mother had no contact

with the infant were more likely to result in the abandonment of the infant and increased numbers of infants failing to thrive. He argued that evidence supports that existence of a critical phase in the mother-child interaction is crucial for the development of a successful symbiosis. Coppolillo in turn stated,

The mother and child must be available to each other during this critical period, and the development of the bonding process can be damaged by interpersonal difficulties in either partner, as well as interpersonal barriers that interfere with the bonding process. (p. 205)

Attachment theory provides a framework for conceptualizing the nature and implications of the parent-infant relationship (Ainsworth, 1990; Ainsworth et al., 1978; Bowlby, 1973/1982b). According to this theory, children form ties with caregivers that vary in relationship to the security of the bond. Children who form secure attachments use the caregiver as a safe haven in times of distress and secure base to support exploration and play in times of low distress (Kerns, Tomich, Aspelmeier, & Contreras, 2000).

Attachment, an emotional tie that normally occurs between mother and child in response to consistent nurturing, is said to provide safety and protection for the vulnerable child by facilitating both a desire on the part of the infant to remain physically close to his or her caregiver as well as facilitating a caregiver's desire to protect and nurture the child (Ainsworth et al., 1978). Generally speaking, the primary caregiver is usually the first figure an infant will come in contact with, and most often the attachment bond first develops between the primary caregiver or mother and infant (Greenberg, 1997).

Attachment theorists have discovered the importance of providing a secure base for the infant to explore the world and socialize with others (Ainsworth et al., 1978;

Sroufe, 1988). Although attachment studies place an emphasis on early responsiveness, most assumed that there would be consistency across the developmental life span of the child (Landry, Smith, & Miller-Loncar, 2001).

Attachment history. Braungart-Rieker, Courtney, and Garwood (1999) stated, “Attachment is the capacity to form and maintain healthy emotional relationships. . . . The capacity to create these special relationships begins in early childhood” (p. 535). Attachment to a significant parent was first noted by Freud (1938) when he reported that children have much nervousness during motherly disconnection.

Albersheim, Crowell, Merrick, Treboux, and Waters (2001) reinforced this with an explanation to attachment as “distress exhibited by young children separated from their mothers is the reproduction of the traumatic separation similar to that which occurred during birth” (p. 688). Bowlby’s (as cited in Arnold, 1999) theory of attachment has remained the main model of attachment for over 30 years.

According to attachment theorists Ainsworth et al. (1978) and Bowlby (1969/1982a), one of the most important bonds in life is formed with the primary caregiver--typically the mother--which is referred to as the infant-mother relationship. Landry et al. (2000) stated, “Studies have found that parents’ sensitivity to children’s needs and interests across the 1st year of life predicted children’s rate of development through 3 years of age” (p. 362).

Secure attachment with greater compliance to maternal requests reduces risk for behavioral problems and increases popularity with peers. Many professionals (Bernhard & Bernhard, 1996; Blackwell, 2000; Call, 1984; Cash & O’Quinn, 1996; Eagle, 1994; Goble & Jones, 2000) suggested that possible linkages exist between infant-mother attachment and emotion regulation and emotion regulation may serve as one of the

mechanisms through which attachment security affects some of these later socioemotional outcomes.

Attachment theory as formulated by Bowlby (1988) is the understanding of both affective and behavioral facets of human relationships. Bowlby (1988) believed it made little difference whether a child was cared for in a nurturing or abusive manner; the child would still develop some type of attachment to the caregiver. Ainsworth (1969) and Bowlby (1988) illustrated the various forms of attachment that can develop between infant and primary caregiver.

The quality of attachment creates the foundation upon which children build their sense of self, determining the way they relate to others throughout their life (Sroufe, 1983). While observing attachment, specific behaviors evaluated by perceptions of fatigue, pain, and the availability of the caregiver are seen. In addition, frightening or other stressful experiences on the part of the child have been measured and studied (Bowlby, 1988).

Infants who have experienced their caregivers as readily accessible and available psychologically, providing prompt and consistent responses to the baby's stress signals, are secure in their attachment. These infants seek their caregivers during times of stress and are easily comforted. Infants who consistently experience neglect or abuse have been found to be attached anxiously and ambivalent in their search for comfort or anxious resistant, often actively resistant to attempts at comforting. Infants whose care has been unpredictable, perhaps because of the parent's mental illness, demonstrate a disorganized attachment pattern showing a disoriented reaction to stress (Carlson, 1998).

Sroufe (1983, 2000b) and Carlson (1998) are among several researchers working with the Minnesota Mother-Child Project, a longitudinal prospective study of attachment

among at-risk mother-infant pairs, which is in its 25th year. Evidence from that study shows that the attachment relationship between mother and child measured at 12 months of age and again at 3 years of age is remarkably stable. This stability can explain the infant's achievement level and behavior problems during later childhood and young adulthood.

Another example is a pilot parenting program called Steps Toward Effective, Enjoyable Parenting (as cited in Egeland & Erickson, 1999) designed to promote healthy bonding and relationships among at-risk first-time parents and their babies. This program is a relationship-based mentoring program designed to promote attachment by building on theory and research about the intergenerational transmission of parenting behaviors. The mentors provide group and individual opportunities for the mothers enrolled in Steps Toward Effective, Enjoyable Parenting to evaluate their own childhood experience in an effort to confront their childhood pain and then enable them to choose positive parenting models. Although the program did not accomplish a significant increase in quality of attachment in its pilot year, the group of mothers in the intervention did demonstrate increased sensitivity to their infant's cries and signals, exhibited a better understanding of general child development, and demonstrated increased life management skills compared to the control group. Current Steps Toward Effective, Enjoyable Parenting programs provide first-time adult mothers with individual and group support. Parenting is offered in addition to child development information during their pregnancies and the first 2 years of their child's life.

Bowlby (1944) believed that "an irreversible condition" happened when children suffered "broken relationships at critical periods in their childhood" (p. 6). Furman (1974) supported Bowlby, showing that attachments begin in the "earliest months and

years of life which affects the type of relationships that a person makes throughout life” (p. 226).

Bowlby (1969/1982a) found that positive, appropriate experiences from a primary caregiver result in strong attachments. Further separation, whether removal from the home or emotional neglect from the caregiver, from these significant adults may result in a lack of attachment and an incomplete development of the child’s personality (Charles & Matheson, 1990; Greenberg, 1997).

Bowlby (1973/1982b) stated,

a secure and consistent environment coupled with responsive and supportive parents will contribute to the development of a strong sense of attachment. A threatening environment matched with a non-supportive response from the parents will delay, inhibit, or prevent the attachment. (p. 38)

Bowlby (1973/1982b) demonstrated that the quality of attachment formed between the child and caregiver would depend on the type of care received. Bowlby (1973/1982b) stated that attachment styles formed early on between caregiver and infant would leave a distinguishable mark on the emotional development of the infant. He reported that the attachment patterns that developed between infant and caregiver could be correlated to demonstrated behaviors later on in life (Bowlby, 1973/1982b). Bowlby (1973/1982b) drew from ethology, developmental psychology, and psychoanalysis to develop his theory. The concepts from these theories became the building blocks he used in constructing the foundation of his theory.

Of all of the researchers whom Bowlby (1988) credited with influencing his work, it was Ainsworth’s (1990) research that provided the mortar that helped bind together the building blocks of his theory. She provided organization and clarity to his work.

Ainsworth's contribution was to identify key features of parental care that help organize

early secure base behavior. Ainsworth focused on four aspects of early care: sensitivity to infant signals, cooperation versus interference with ongoing behavior, psychological and physical availability, and acceptance versus rejection of the infant's needs. Ainsworth (1990) then had a deeper understanding of how behavior works through these measurements of the four aspects.

Since Bowlby (1969/1982a) first published his theory, researchers influenced by his work have sought to gain a better understanding of the process of attachment. When Bowlby (1969/1982a) first introduced the conceptual framework for attachment relationships, which indicated the relationship developed between an infant and primary caregiver could impact the child's future, it was considered to be quite profound.

Since Bowlby, other individuals have studied attachment. The information provided by the current studies is just beginning to shed some light on the effects of attachment and human relationships. Much of this research (Boris, Wheeler, Heller, Zeanah, 2000; Laible & Thompson, 2000; Young, 1998) supported the fundamental belief that variations in the interaction between the caregiver and infant can lead to individual differences in attachment security. One study (Karen, 1990) found that insecurely attached children appear to lack self-reliance and adequate problem-solving skills and teachers often label them as *problem kids* who possess an inability to form appropriate relationships with peers.

Bowlby (1969/1982a) indicated that, prior to 1958 and the publication of his views on attachment, there were four principal theories that sought to explain the tie between infants and caregivers. These four theories came from the psychoanalytical school of thought.

The first theory met infants' physiological needs. As the primary caregiver met

the infant's physiological needs, the infant learned to associate gratification with the primary caregiver. Bowlby (1969/1982a) called this the theory of "Secondary Drive" (p. 178).

The second theory dealt with infants' innate proclivity to establish a connection between themselves and the human breast. As the infant would suckle, the infant would come to understand the primary caregiver is attached to the breast. This would create a bond between the infant and caregiver. Bowlby (1969/1982a) called this the theory of "Primary Object Sucking" (p. 178).

The third theory involved the infant's predilection for touch, a desire to be held, gently caressed, or cling to another body. Bowlby (1969/1982b) explained that this desire for physical connectiveness is independent of the need for food. This theory Bowlby (1969/1982b) called the theory of "Primary Clinging" (p. 178).

The fourth theory focused on the infant's resentment of being expelled from the womb and the child's need to return to the warm safe haven of the womb. Bowlby (1969/1982a) called this the theory of "Primary Return-to-Womb Craving" (p. 178). Bowlby (1969/1982a) explained that, of the four theories, the theory of secondary drive was the most widely accepted during those early years.

Current research. Although Bowlby (1988) provided a comprehensive work on early childhood development and the parent-child dyad, few researchers have directly examined the parenting attitudes and behaviors of mothers outside the norm, more specifically the substance-abusing mothers.

It is a commonly held belief that the drug-dependent mother is not prepared to take on the responsibility of parenting for a host of reasons whether it is her own early history or the challenges she faces while having to balance her lifestyle with the job of

parenting. This population is believed to lack appropriate parenting skills, which adversely affects the upbringing of their children (Lief, 1985). Relevant literature in this area both agrees and challenges this point of view (Escamilla-Mondanaro, 1975).

According to Cuskey and Wathey (1982), it is generally believed that the families of origin of drug addicts fail to prepare them to be responsible adults and, in some cases, contribute to an inclination towards addiction as a means of coping with the vicissitudes of the adult world. These authors suggested that, during her early developmental years, the female addict is likely to have experienced multiple stressors originating from her immediate environment, family, deprivation, and disorganized lives. Dysfunction and interpersonal relationships with significant others, poor living conditions, single-parent homes, and harmful child-rearing practices all serve as antecedents to future addiction.

Cuskey and Wathey (1982) reported that the most significant contributor to female addiction was a lack of acceptance within the home environment from which they originated. Reportedly, female addicts relate better to their fathers than to their mothers although their fathers are frequently characterized as behaving in an overly lenient and enticing manner. Their mothers are described as insecure, possessing a tendency to vacillate between one extreme parenting style to the next. On the one hand, they may be overindulgent; on the other, they later appear aloof and indifferent to their child's needs or wishes.

Other factors believed to be involved in the etiology of female addiction include the unrealistic expectations these parents have of their children and severe punishment or criticism when these expectations are not met. This background serves as the basis for future development of feelings of inadequacy. Such experiences are likely to trigger anxieties, psychological conflicts, and instability that the female addict copes with by

engaging in deviant behaviors. During adolescence, this deviance is likely to escalate.

The dependency increases in intensity and severity until it reaches the point of a serious drug addiction. Cuskey and Wathey (1982) further stated that, during adulthood, the female addict leads a deviant lifestyle where she is likely to engage in antisocial behaviors, eventually resulting in medical, psychiatric, and interpersonal problems.

Sowder and Burt (1980) reported that two thirds of addicted mothers indicated that their drug use prevented them from being the type of mother they wanted to be. Among the 22 parents in this study, drug abuse was identified as preventing 68% from providing their families with a better economic situation. Of this number, 45% stated that their drug use kept them from spending sufficient time with their children or providing them with adequate care. At least 18% reported that substance abuse made them emotionally incapable of being the kind of parent they would like to be.

Longitudinal research in attachment (e.g., Carlson, 1998; Sroufe, 2000a) at the University of Minnesota revealed that early childhood security of attachment has farther reaching implications than infant temperament or later family or peer relationships. Throughout childhood and adolescence, it is the attachment history of children that best predicts success in school, psychopathology, or conduct problems (Sroufe, 2000a). In one striking example, researchers were able to predict high school dropouts with 77% accuracy, using measures of early childhood support and attachment assessments at age 3. Further research by Sroufe (2000b) has indicated the emotional closeness and level of hostility within romantic relationships in early adulthood is also predictive by early childhood attachment histories. According to Sroufe (2000b),

Although researchers build continuously upon prior attachment history, children can also be influenced by changes in support and life circumstances (Bowlby, 1988). However, since the majority of children experience a continuum in the

quality of care they receive throughout childhood, their patterns of attachment reflect that continuity. (p. 69)

It is important to assess the bond between child and parent. Catalona et al. (1998)

found “that adolescents with a family history of alcoholism exhibited a lower level of attachment to their parents than did adolescents with no family history of alcoholism” (p. 61).

Ball, Hooker, and Kelly (1999) stated, “The struggle to understand the infant-mother bond ranks as one of the great quests of modern psychology--one that touches us deeply, because it holds so many clues to how we became who we are” (p. 147). Results indicated that insecurely attached children have developed a strategy for dealing with their mother’s unavailability or inconsistency. The ambivalent child is desperately trying to influence her.

The avoidant child becomes angry and distant. His pleas for attention have been painfully rejected, and reaching out seems impossible. This child does not need anybody and develops a grandiose idea about the self. The mother becomes angry, depressed, or disgusted when she sees these actions in her child. If she, too, is somewhat grandiose, she will reinforce her own sense of superiority (Karen, 1990). Kochanska (2001) stated,

Attachment researchers have made theoretical claims about the possible links between early differences in children’s attachment organization and their future patterns of emotional responding. Many scholars view early attachment, to a large extent, as the system of dyadic affect regulation with caregivers helping infants manage emotional tension that exceeds their regulatory abilities. (p. 505)

Landry, Smith, Swank, Assel, and Vellet (2001) discussed how children develop emotional security in normal development and social support influences the security of the infant-parent relationship. Researchers should focus on the parents’ protective behaviors as predictors of the infant-parent attachment. The authors suggested that this relationship may be directly involved in shaping the infant's internal working model on

how much he or she can trust the parent to protect. The extent to which infants perceive security may be a function of their temperament. Fussy infants may require more frequent and longer durations of soothing before they feel secure. This can be determined based on the amount of protection that the infant is feeling from the caretaker and environment surrounding the infant (Braungart-Rieker et al., 1999).

Infants whose attachment status changed from secure to insecure had families with a greater number of negative life events in a time period than those who remained secure. This indicates that environmental conditions affect attachment in more of an indirect than direct manner (Braungart-Rieker et al., 1999). Because generally infants spend more time with their mother than with their fathers during the first 4 months, their expectations of protection from their mothers differ greatly than from their fathers. More protection from the infant's fathers may be required in families when the mother is less emotionally or physically able to protect (Braungart-Rieker & Karrass, 1999).

A child who is attached to his or her family and surroundings has been born into a life of good fortune. If, however, a baby enters a world that is unprotected, unloved, and full of frustration and misfortunes, that child has a greater chance of developing high levels of distress and distrust with his or her caregivers (van Ijzendoorn, 1995a).

Rode, Chang, Fisch, and Sroufe (1982) have documented a variety of reactions to separation from children. Rode et al. indicated that "behavioral responses varied greatly depending on the age of the infant" (p. 185). Van Ijzendoorn (1995b) reported that, when a separation occurs, the type of environment will determine the overall reaction from the child. If the environment is positive, the child will separate easier. If the environment is negative, the child will have a harder time separating.

Numerous reviews, primarily narrative, have been conducted in the area of

attachment, trauma, and bonding. Kerr and Bowen (as cited in Albus, Bates, Dozier, & Stovall, 2001) reviewed other life systems and identified four processes unique to the family system: reciprocity, differentiation of self, anxiety, and triangles. Evolution and biology show that the mother-infant bond is primary and strongest. That attachment occurs in the family system, which includes the extended family (Levy & Orlans, 1998). Levy and Orlans indicated that positive attachment is associated with the development of healthy nervous and hormonal systems in the infant. The mother's behavior actually regulates the infant's brain and body. When the infant senses consistency and predictability, there is a feeling of security for the newborn.

Newborn infants enter this world with basic survival and behavioral systems intact. These systems allow the vulnerable infant to communicate and attach to his or her caregiver, thus fulfilling the basic need for survival. Bowlby (1969/1982a) noted that bonding is the biological, genetic, and emotional connection between mother and baby that begins during pregnancy and at birth. All babies have a bond with their birth mother. Attachment, however, is learned after birth through interactions between caregivers and the child during the first 3 years. Bowlby (1969/1982a) indicated that attachment is an affective bond characterized by a tendency to seek and maintain proximity to a specific figure, particularly while under stress.

Fahlberg (1991) further noted that the attachment relationship between the mother and child is critical for developing the nervous and hormonal system of the infant. The lack of a healthy attachment can result in deficiencies in cognitive and psychical development. Forming insecure attachments is most likely learned, and for psychosocial well-being, the best prescription is forming secure attachment early in life.

Anan and Barnett (1999) stated, "The findings from this study provide

preliminary support that attachment in early childhood influences the development of general perceptions of social support, which in turn are significantly related to measures of social information processing and adjustment” (p. 1219). Of particular interest will be the degree to which actual improvements in social support have an influence on children’s perceptions, thoughts, feelings, and actions (Levy & Orlans, 1998).

Benefits of healthy attachment. Klaus and Kennell (as cited in Ainsfield, Casper, Nozyce, & Cunningham, 1990) stated that postdelivery bonding was important for the formation of a healthy family. However, Brodzinsky, Ramsay, Singer, Steir, and Waters (1985) reported that “caregiving confidence and competence on the part of the parents . . . seems to be more important for the infant” (p. 1550). Security of attachment reflects the confidence children have in the responsiveness of their relationships with their caregivers. Children can never be too securely attached to their caregiver (Sroufe, 2000b). Consistently, it is the children with secure attachment relationships who are found to take better advantage of their opportunities in life, are better liked by their peers, have superior leadership and social skills, and are more confident than other children (Levy & Orlans, 1998; Sroufe, 2000b).

In a study of preschool-aged children by Kesner (1998), it was found that securely attached children had better conflict management skills than their insecurely attached peers. This is notable because children who lack the social skills necessary to manage conflict often resort to aggressive behavior. Risk factors of single-parent status, low socioeconomic status, and gender were not significant predictors--neither was security of the relationship to the teacher. The children's attachment relationships to their parents were the sole predictor of their conflict management skills.

The benefits of secure attachment do not stop in preschool. Children and teens

with secure attachment histories excel with regard to social and emotional health, leadership skills, morality and prosocial behavior, self-reliance and self-control, and resiliency as appropriate at each stage of development. Also, parenting behaviors are transmitted intergenerationally (Egeland & Erickson, 1999; Levy & Orlans, 1998), and securely attached children grow into parents who are highly responsive and sensitive to their own children. In a study by Cowan, Cowan, Cohn, and Pearson (1996), it was noted that parental attachment histories and their level of understanding of their attachment histories correlated highly with both marital interactions and parenting styles. The researchers found that the father's attachment history predicted the child's externalizing behavior while mother's attachment history predicted the child's internalizing behaviors.

The effects of mother-infant attachment on the relationship. There are normal patterns of mother-infant interaction and attachment. A child has a fundamental need for nurturing and safety. When this has been violated or broken, it is hard for the child to prosper emotionally. Children do not simply need the basics of food, shelter, and clothing. They need to have a bond with a steady consistent entrusted caregiver. Without emotional closeness, a child may not be able to construct succeeding reliable connections in the future (Chabris, 1999).

Early development is critical. Poole (1999) reported that 50% of what we need to know in life is learned in the 1st year. Another 25% is learned in the 2nd year. From the age of 3 years and on, only 25% of life survival skills are added.

There is a distinct learning cycle for the very early stages of life. This is essential for normal development in attachment. In the first 2 years of life, the conscience only responds when the parent is present and in control. In the 3rd year, the child responds appropriately if the parent is present and initiates the action. In the 4th year, the child

responds to acts of conscience only if the child knows that the parent is present and will react. The 5th year shows progress in that the child will, when instructed to, do the right thing and follow accordingly. In the 6th year, self-control is learned (Poole, 1999).

Attachment is critical for a child to develop normally. Berk (2002), Weiss (1988), and Bowlby (1969/1982a) reported that attachment is essential for the foundation of a healthy personality. Berk went on to say that it is also necessary for

the attainment of full intellectual potential, the ability to think logically, the development of a conscience, the ability to cope with stress and frustration, becoming self reliant, the development of relationships, the ability to handle fear and worry, and the ability to handle any perceived threat to self. (p. 45)

Consider a child in the first days, weeks, and months of life. When the child is hungry or wet, the child screams out for attention and expresses its need for support. The mother comes to the child's aid and takes care of the child's basic needs. Day after day, week after week, closeness of eye contact, touch, movements, and smiles create a bond of trust between the child and its mother (Riley, 2002). When this cycle is broken or incomplete, the child does not learn to bond and proceeds on with the next lesson in life. The neural paths for bonding have been ignored (Poole, 1999).

Many children have been traumatized or neglected by their primary caregiver in their early years. This does not mean that the child will have an attachment disorder. However, when the trauma or neglect is at an extreme level, the child will most likely emerge into society thinking that the world around is unsafe. The child will have developed an unhealthy protective shell that assists in protection through isolation from the pain of attachment and dependency to adult caregivers. Their credo for survival becomes all about themselves (Hess, 1982; Hesse & Main, 2000; Littner, 1956).

Mothers with addiction. Brodzinsky et al. (1985) stated that maternal addiction

actually postpones the acquisition of responsible adult roles by offspring. A mother's drug use exposes her children to the world of drugs. The care and feeding of the child are likely to be determined by when she chooses to respond to her child's needs and what is most convenient for her. Otherwise, Brodzinsky et al. indicated that infants receive little attention or recognition and are treated like "objects possessed by their mothers rather than as individuals who have some ability to master the environment and who have their own rights" (p. 1548).

Children between the ages of 5 and 7 years are asked to surrender their state of dependence for one of responsibility, a task for which they are unprepared. Brodzinsky et al. (1985) stated that mothering practices such as these place heavy burdens on the child's development of "individuation, hope, competence, and sexual identity" (p. 1548). They concluded that mothers must be helped to "understand the impact of their attitudes and feelings on their children" (p. 1548).

Noyes and Kolb (1963) stated that

addicted women are for the most part antisocial. The majority of the addicts are those with arrests in ego and super ego development and, for the most part, there has been an absence of a strong and consistent father figure. The addict fails to develop internal controls, hopes for immediate gratification of (her) needs, and yet is continuously frustrated due to (her) exaggerated demands, (her) psycho-sexual immaturity, and (her) lack of ego capacity that might bring satisfaction by delay and insistent efforts towards (her) goals. (p. 689)

Regarding the addicted mother, Noyes and Kolb (1963) reported that she generally wants to have children although she experiences considerable mixed feelings towards them. Children are desired because they represent objects of love and proof of her femininity. Nevertheless, these mothers reject the responsibilities involved in being a parent and are not capable of being consistent with their care and concern for their own children.

There can be many disruptions in the parents' interaction with the child. When parents use drugs, they are usually not emotionally available for the children. When a child is neglected, many times attachment is not an available option.

There is much debate as to whether the developmental delays faced by prenatally drug-exposed children can be wholly attributed to the effects of the drugs. Halinka, Malcoe, Ondersma, and Simpson (2001) stated that "there is currently tremendous variation across U.S. counties in CPS responses to, and beliefs regarding, the issue of prenatal drug exposure" (p. 664). Given women's primary responsibility for childbearing and rearing, the conflicting social roles of mother and drug user created an atmosphere of continuous tension for the interviewees of this research. Halinka et al. reported that the mothers were under pressure to juggle their time and energy between the requisite responsibilities of motherhood (like making sure that the house was clean and children were fed) and with drug-related tasks (like selling their bodies for drugs, finding dealers, and using). In addition, Halinka et al. went on to report that, in addition to the ongoing juggling act, they had to deal with the risks of encountering violence during their associations with drug dealers, customers, pimps, and johns. Worse yet, those who were involved in abusive intimate relationships had the added burden of having to do everything in their power to make their partners happy in the hopes of avoiding the next violent outburst.

Moreover, the addicted mother has the extreme need for education about the importance of bonding (Craig, 1995). With the extreme reactions to the drug that the baby is facing (jitters, tremors, nonresponsiveness to caregiver, etc.) in addition to the mother's continued dependence on the drug, bonding becomes a very major issue (Dreher & Lester, 1989). These factors make bonding between mother and infant very difficult.

Because bonding is very critical to an infant's emotional development, this tends to hinder the process of an appropriate relationship for growth (Field et al., 1998).

Conclusion

What this review of the literature shows is that it is extremely critical to assess parental knowledge to understand more surely how to assist parents in effectively parenting their children. There are many areas that could affect the parental role described in detail in this literature review. However, it is important to target the areas of concern to assist the family in a happier future for the child and family.

Chapter 3: Methodology

Participants

The subjects identified for this study included 32 adults who were referred to a voluntary agency for possible voluntary home visiting services. All individuals who participated in the target group of this study were over the age of 18 and had a child who was under the age of 3. The subjects were all new participants of this agency. A control group with no exclusion criteria was also studied. This group consisted of 31 adults.

The families who participated in the parenting program faced similar challenges. Most had less than a high school education, were living in poverty, lacked social support, and experienced high levels of stress. Many were from minority cultural groups. The population of individuals of this study was 31% Caucasian, 2% Hispanic, 66% Native American, and 1% of other races combined.

Subject Selection, Recruitment, and Eligibility Requirements

All subjects were recruited through the referral process within the voluntary agency. The home visitor asked his or her client if he or she would like to be a potential subject. The subject was given at least 24 hours to consider participation. When the potential subject agreed, they were added to the list for recruitment. At this point, the researcher met with the possible participant, explained the study, and asked the potential subject to read and sign the consent form.

For the target group, exclusion criteria included participants over the age of 18 and participants who had only children under the age of 3. The control group did not have exclusion criteria.

All subjects who participated in the study were volunteers. The parent had either self-referred or accepted voluntary services. Participating in this study did not put the

parent at risk.

Economically challenged subjects were identified to participate in this study. This group was considered to be a special population category.

Instruments

The selected solution strategies for this project included assessing the perceptions of the adult parent by first interviewing the parent, testing with the AAPI (Family Development Resources, 2006) tool, training the adult, and then reassessing with the AAPI tool. This solution strategy is different than other solutions identified due to the type of tool used to test parental perceptions and parenting course materials taught.

The AAPI (Family Development Resources, 2006) assessment tool reveals areas that need improvement and indicates a high risk for abusive or neglectful parenting. This allowed for prevention while still offering the Nurturing Parenting Program (Bavolek, 2003), which covered self-nurturing and parenting skills. Self-nurturing topics include communication and conflict resolution, stress, personal power, and avoiding substance abuse. Parenting topics include family rules, rewards and punishments, choices and consequences, age-appropriate expectations, communicating with children, and establishing routines. This approach assisted the professional to focus on the specific areas of need versus a general approach to teaching the parental figure how to teach over a lifetime.

Procedures

The research project and those measures taken to ensure the confidentiality of each subject (i.e., the use of numbers on testing materials instead of names) were described to participants before participating in the study.

The expected number in the target group was 32 parents who participated in the

Nurturing Parenting Program. There was also a control group with no exclusion criteria. This group had 31 adults. The expected outcome at the end of this parenting program was for each participant to have increased posttest scores. This parenting program was the primary parenting program used for this agency. This particular population was different than the standard procedure at this site. In this study, there were exclusion criteria for the participants of the target group.

Each participant was given a pretest before the parenting program and a posttest after the parenting program. This test was the AAPA (Family Development Resources, 2006). This test took a maximum of 120 minutes to complete. It contained five subscales: (a) inappropriate expectations of children, (b) lack of empathy towards children's needs, (c) strong belief in the use of corporal punishment, (d) reversing parent-child roles, and (e) oppressing children's power and independence. The AAPI contained 40 items and a 5-point scale ranging from *strongly agree* to *strongly disagree*. For each subscale, raw scores were converted into standard scores ranging from 1 to 10. Low scores indicated a high risk for abusive or neglectful parenting. The internal reliability of the subscales ranged from .50 to .85. This test was nonintrusive. Evidence was collected only in written form from the parent. No compensation was offered.

It was hypothesized that the parents who participated in the study in the target group would increase scores in each of the five constructs of the AAPI (Family Development Resources, 2006) assessment prior to the educational training. In order to achieve this, the writer compared pre- and posttest scores on the AAPI assessment. This was a one-tailed directional hypothesis as the author expected a positive change in the participant's overall score in the target group.

A quasi-experimental design was utilized to assess if any changes had been made

in the participant. No random assignment was made due to the exclusion criteria for the target group. The pretest and posttest consisted of the AAPI (Family Development Resources, 2006). The AAPI is a standardized measure that was used to measure the attitudes, education, and overall parenting style of the participants. The measures used were based on a Likert scale with a moderately high reliability. Based on this information, the research shows that the measure has a moderately high internal validity rate. The questions on the AAPI assessment are the same for the pre- and posttest. A threat to internal consistency may have occurred. Participants may have remembered what the measure was assessing, therefore, having the ability to alter their answers during the posttest.

To assess progress between pre- and posttests, a summative and formative approach were used. This was to assess data and compare it to the standards that were identified. A formative approach was used to identify questions. These questions were used in the data-collection process, which consisted of a pre- and post-AAPI (Family Development Resources, 2006) assessment with the participants.

Chapter 4: Results

The problem to be solved was parents who were referred to the local agency in this community were ill prepared to understand children's perceptions and expectations. The following short-term expected outcomes shown from the administration of the AAPI (Family Development Resources, 2006) were projected for this applied dissertation:

1. Data would show that 20 out of 30 participants assessed would have a higher overall AAPI posttest score.
2. Data would show that 12 out of 30 participants would have a higher score in the Inappropriate Parental Expectations portion of the posttest.
3. Data would show that 15 out of 30 participants would have a higher score in the Parental Lack of Empathetic Awareness of Children's Needs portion of the posttest.
4. Data would show that 18 out of 30 participants would have a higher score in the Strong Belief in the Use of Corporal Punishment portion of the posttest.
5. Data would show that 12 out of 30 participants would have a higher score in the Parent-Child Role Reversal portion of the posttest.
6. Data would show that 24 out of 30 participants would have a higher score in the Oppressing Children's Power and Independence portion of the posttest.

The writer expected that, with the training and support of the Nurturing Parenting Program, parents would experience many short- and long-term benefits. The writer agrees with Bavolek and Bavolek (2001) that "Nurturing is the most powerful characteristics parents can have to promote the positive life of their children" (p. 2). This applied dissertation positively affected the relationships of the participants with their children as indicated by the posttest scores.

Research Questions

This applied dissertation sought to answer four research questions. The questions were as follows:

1. Will this parenting program assist parents in changing their perceptions to understand and recognize cues to and from their child? Methods and procedures used to answer this research question were the use of a standardized assessment (AAPI; Family Development Resources, 2006), group discussions, individual sessions, and detailed instruction on how to recognize and respond to child cues between parent and child.

2. Will this parenting program improve parental perceptions about their attachment level with their young child? Methods and procedures used to answer this research question were the use of a standardized assessment (AAPI), group discussions, individual sessions, and extensive instruction on basic normal attachment, unhealthy attachments, and impediments to attachment.

3. Will this parenting program improve parental perceptions about the level of care that they provide to their child? Methods and procedures used to answer this research question were the use of a standardized assessment (AAPI); group discussions; individual sessions; and instruction on basic care of a child, developmental stages, and discipline measures.

4. Will this parenting program provide the parents with more security in their interactions and communication with their child? Methods and procedures used to answer this research question were the use of a standardized assessment (AAPI); group discussions; individual sessions; and instruction on establishing nurturing parenting routines, developing family rules and boundaries, and developing empathy in order to assist the parents in feeling more secure in their parenting role.

Results

This applied dissertation was conducted during a 12-week period of time using the curriculum outlined in the course description located in Appendix B. This program was geared towards families who are high risk.

Many of the parents displayed high levels of stress related to parenting, very little assistance from friends or family, and had little belief in their ability to change the situation. The Nurturing Parenting Program was geared at assisting with these issues. The lessons used produced an atmosphere of sharing and support among the participants. Parents encouraged each other to open up and discuss problems that assisted in building a support system for each other. Based on the posttest results of the AAPI (Family Development Resources, 2006) levels of stress around parenting, feelings about social support and perceptions based on an increased ability to change their situations were altered positively in some way throughout the study.

Expected Outcome 1, which stated, data will show that 20 out of 30 participants assessed will have a higher overall posttest score, was addressed by the scores on the posttest of the AAPI (Family Development Resources, 2006), a quantitative measure. Expected Outcome 2, which stated, data will show that 12 out of 30 participants will have a higher score in the Inappropriate Parental Expectations portion of the posttest, was addressed by the scores on the posttest of the AAPI, a quantitative measure. Expected Outcome 3, which stated, data will show that 15 out of 30 participants will have a higher score in the Parental Lack of Empathetic Awareness of Children's Needs portion of the posttest, was addressed by the scores on the posttest of the AAPI, a quantitative measure. Expected Outcome 4, which stated, data will show that 18 out of 30 participants will have a higher score in the Strong Belief in the Use of Corporal Punishment portion of the

posttest, was addressed by the scores on the posttest of the AAPI, a quantitative measure. Expected Outcome 5, which stated, data will show that 12 out of 30 participants will have a higher score in the Parent-Child Role Reversal portion of the posttest, was addressed by the scores on the posttest of the AAPI, a quantitative measure. Expected Outcome 6, which stated, data will show that 24 out of 30 participants will have a higher score in the Oppressing Children's Power and Independence portion of the posttest, was addressed by the scores on the posttest of the AAPI, a quantitative measure.

The AAPI (Family Development Resources, 2006) contained 40 items and a 5-point scale ranging from *strongly agree* to *strongly disagree*. For each subscale, raw scores were converted into standard scores ranging from 1 to 10. Low scores indicated a high risk for abusive or neglectful parenting. The internal reliability of the subscales ranged from .50 to .85. There are five subscales to the AAPI: (a) inappropriate expectations of children, (b) lack of empathy towards children's needs, (c) strong belief in the use of corporal punishment, (d) reversing parent child roles, and (e) oppressing children's power and independence. Responses were converted to sten scores that compare the participant's responses to a normal distribution. Sten scores in the 1 to 3 range indicate high-risk parenting attitudes. Scores in the 4 to 7 sten range indicate moderate to average risk. Scores in the 8 to 10 sten range indicate low risk.

Pretest. A total of 31 subjects in the target group took the AAPI (Family Development Resources, 2006) test. Scores revealed that 37% scored in the high-risk range, 56% scored in the moderate-risk range, and 7% scored in the low-risk range. A total of 32 subjects in the control group took the AAPI test. Scores revealed 34% scored in the high-risk range, 49% scored in the moderate risk-range, and 17% scored in the low-risk range (see Figure).

Posttest. A total of 26 families completed the posttest in the target group. Posttest scores revealed 31% scored in the high-risk range, 49% scored in the moderate-risk range, and 20% scored in the low-risk range. A total of 23 families completed the posttest in the control group. Posttest scores revealed 30% scored in the high-risk range, 45% scored in the moderate-risk range, and 25% scored in the low-risk range (see Figure).

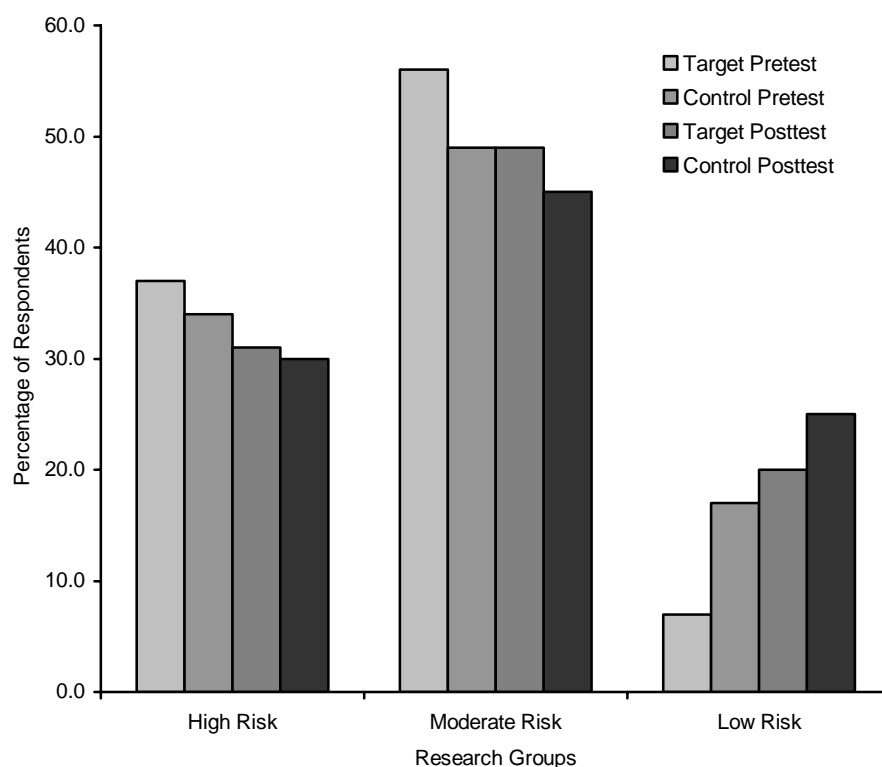


Figure. Comparative results of the Adult Adolescent Parenting Inventory pretest and posttest for the target and control groups.

The t test showed no significant changes from pretest to posttest with a score of $t = 0.459$ for the target group and 0.346 for the control group. The mean of the posttest was 40.6 (moderate range) for the target group and 34.2 for the control group. The standard deviation for the target group was .746. For the control group, the standard deviation was .865.

Sixty-three families agreed to participate in the study. Thirty-one families (target group) met the requirements of having a child under the age of 3 years old. Thirty-two families (control group) had no exclusion criteria. The Nurturing Parenting Program was taught in two different time slots, one for the target group and one for the control group. Twenty-six families in the target group completed the program. Twenty-three families completed the program in the control group.

Of the 26 families in the target group, 25 increased scores in all five constructs of the AAPI (Family Development Resources, 2006). One family increased scores in four of the five constructs.

Of the 23 families in the control group, 17 increased scores in all five constructs of the AAPI (Family Development Resources, 2006). Of the remaining 6 families, 3 increased scores in four of the five constructs. Two families increased scores in three of the five constructs. One family increased scores in one of the five areas.

Summary of the Results

The results of this study are consistent in that all six expected outcomes in both groups were met based on the standardized assessment. A combination of the Nurturing Parenting Program, instructor guidance, social support from the group, and an intertwined level of trust from the group participants worked favorably to meet the objectives and answer the research questions for both groups.

Chapter 5: Discussion

Introduction of the Applied Dissertation

This applied dissertation proposed a study focused on assisting parents in learning to parent more effectively, attach and bond to their child, and feel more secure in their parenting ability. This study introduced a balance of enriched research-based training with experienced instruction to parents. This program was made available to high-risk parents as a 12-week class in a series of courses that are made up of the Nurturing Parenting Curriculum. Parents were assessed in five categories: (a) inappropriate expectations of children, (b) lack of empathy towards children's needs, (c) strong belief in the use of corporal punishment, (d) reversing parent child roles, and (e) oppressing children's power and independence. A standardized assessment and qualitative measures were used to assess parents before and after the curriculum was introduced.

Implications of Findings

There were no significant findings based solely on the results of the standardized assessment. The overall scores for both groups did decrease from pretest to posttest. This indicated a significant reduction in overall parental perception in the five assessed categories. This cannot be directly linked to the Nurturing Parenting Program as indicated by the t score of 0.459 for the target group and 0.346 for the control group, scores that are greater than 0.05. A score less than 0.05 would indicate a noteworthy change or variation in the two variables that could be linked with the overall remedy or program offered. The writer believes that it will take significant and consistent ongoing education to make long-term lifestyle changes in these categories. Doing so in a short period of time will assist in some behaviors but will not account for long-term lasting change. Teaching to parent effectively would take long-term monitoring and consistent day-to-day education.

Based on anecdotal data, significant positive changes were observed by the writer during the target and control group trainings. Parents showed significant growth with regard to working together as a group and by showing empathy towards each other individually. A myriad of training opportunities led to inward considerations and often led to group discussions that participants indicated were enlightening. Participants verbalized the recognition to make positive changes around their current parenting style and situational lifestyles.

Group discussions were especially valuable in that parents were verbalizing a new learned skill of communicating with each other around emotional issues. Parents continually referred back to their educational materials around communicating their thoughts and feelings to include emotions such as anger, fear, and sadness. In the latter portion of the training weeks, many parents were able to verbalize and act out these skills through role-playing and a thorough critique of each other on specific skill sets. These were invaluable in that parents learned to better their ability to parent their small children.

Intervention services should focus on the parenting role and reducing stressors within the parent-child system as well as those that are external to their relationship. Clinical intervention might also encourage the parent to identify a healthy and consistent support system. That support system might originate from the family or therapeutic group. Of importance is the parental need to have support systems that are capable of providing each parent with some form of respite and those continual parental examples that are consistent and nurturing.

Limitations

The following limitations impacted the internal validity of the study. One main limitation was the parental self-report as the primary source of information. Parental self-

report alone was obtained for demographic information and information regarding frequency and type of perception about parenting style and ability. The use of self-reports raises a number of problems for the study. Parents participating in any form of state interventions that are court ordered may not provide accurate information regarding parental discipline or supervision. The parent may also be concerned about the researcher's perception of them and may attempt to paint a less threatening picture of their history or current parental approach.

A threat to internal consistency may have occurred by having the same test for the pretest and posttest. The participants may have remembered what the measure was assessing, therefore having the ability to alter their answers during the posttest. No major unexpected events occurred. Minor unexpected events included the following:

1. Many participants stopped attending due to weather. Staff offered rides to the facility.
2. Families reported a higher level of satisfaction in parenting.
3. The childcare at the voluntary agency was closed for 1 week during the parent education due to staff illness. During this week, children were present in the classroom. Instructors made accommodations for parents.

Recommendations

This nonprofit organization has a relaxed and nonthreatening atmosphere. However, more initiative to recruiting clients would be beneficial to implement future programs effectively. The case workers should follow-up with additional parenting classes and home visits. Additional support should be added by providing an individual parenting session during home visits. The nonprofit organization should continue to hold community events. This helps expose the clients to build more positive support systems

and increase self-esteem, sharing their experience in learning to become a better parent.

Parental coping skills could be built upon if the client and case manager were able to meet in public places, such as a restaurant or grocery store. There are many components that could be added to enrich the current program.

Guest speakers would have been a wealth of information to add to the curriculum. Many clients are often mistrustful of those in authority positions. If the guest speakers introduced education around parental issues, they may be perceived as less of a threat and more helpful. Clients then may engage in services throughout the community at a higher rate.

Overall, the program was successful, and the applied dissertation effectively met all of the outlined objectives. All six objectives were met based on quantitative measures. The outcomes were consistent with the literature of Bavolek and Bavolek (2001) who agreed this program teaches parents and their children to learn new beliefs, knowledge, and skills that improve their overall level of functioning in nurturing parenting. This organization should utilize the findings of this applied dissertation to develop more time for parental programs using this science-based curriculum.

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Appendix A

Adult-Adolescent Parenting Inventory

Adult-Adolescent Parenting Inventory

AAPI OnLine

Adult-Adolescent Parenting Inventory (AAPI-2)

Test Form A

This test can only be scored online at www.aapionline.com

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Before you take the inventory, we need some important information from you.

1. Date: _____
2. First Name: _____ 3. Middle Initial (optional): _____
4. Last Name: _____
5. Birthday: _____
Month Day Year
6. Gender: Male Female
7. Race: Asian Black Hispanic Native American Pacific
Islander White Other
- (If "Other" please specify: _____)
8. Marital Status: Divorced Married Single Unmarried Partners Don't Know
9. How many children do you have: _____
10. What is the highest grade you completed in school: Grade School 11th Grade
7th Grade High School Graduate
8th Grade Some College
9th Grade College Graduate
10th Grade Post-Graduate or Above
11. What is your annual household income: Under \$15,000
\$15,001 - \$25,000
\$25,001 - \$40,000
\$40,001 - \$60,000
Over \$60,000
12. Were you and/or your partner in the military: No
Yes, both of us
Yes, only me
Yes, only my partner
Don't Know
13. As a child, did you experience any type of abuse by a person: Outside your family?
No Yes
Within your family? No Yes

INSTRUCTIONS:

There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

STRONGLY AGREE – Circle **SA** if you strongly support the statement, or feel the statement is true most of all the time.

AGREE – Circle **A** if you support the statement, or feel this statement is true some of the time.

STRONGLY DISAGREE – Circle **SD** if you feel strongly against the statement, or feel the statement is not true.

DISAGREE – Circle **D** if you feel you cannot support the statement or that the statement is not true some of the time.

UNCERTAIN – Circle **U** only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the

statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response

because you think it is the right thing to say. There really is no right or wrong answer – only your opinion.

2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.

3. Circle only one response for each statement.

4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.

If there is anything you don't understand, please ask your questions now. If you come across a

word you don't know while responding to a statement, ask the examiner for help.

PLEASE TURN THE PAGE AND BEGIN...

AAPI Online - Form A

Strongly

Agree Agree Disagree

Strongly

Disagree Uncertain

1. Children need to be allowed freedom to explore their world in safety.

SA A D SD U

2. Time-out is an effective way to discipline children.

SA A D SD U

3. Children who are one-year-old should be able to stay away from things that could harm them.

SA A D SD U

4. Strong-willed children must be taught to mind their parents.

SA A D SD U

5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.

SA A D SD U

6. Spanking teaches children right from wrong. SA A D SD U

7. Babies need to learn how to be considerate of the needs of their mother.

SA A D SD U

8. Strict discipline is the best way to raise children. SA A D SD U

9. Parents who nurture themselves make better parents.

SA A D SD U

10. Children can learn good discipline without being spanked.

SA A D SD U

11. Children have a responsibility to please their parents.

SA A D SD U

12. Good children always obey their parents. SA A D SD U

13. In father's absence, the son needs to become the man of the house.

SA A D SD U

14. A good spanking never hurt anyone. SA A D SD U

15. Parents need to push their children to do better. SA A D SD U

16. Children should keep their feelings to themselves. SA A D SD U

17. Children should be aware of ways to comfort their parents after a hard day's work.

SA A D SD U

18. Children learn respect through strict discipline. SA A D SD U

19. Hitting a child out of love is different than hitting a child out of anger.

SA A D SD U

20. A good child sleeps through the night. SA A D SD U

21. Children should be potty trained when they are ready and not before.

SA A D SD U

AAPI Online - Form A

Strongly

Agree Agree Disagree

Strongly

Disagree Uncertain

22. A certain amount of fear is necessary for children to respect their parents.

SA A D SD U

23. Spanking teaches children it's alright to hit others.

SA A D SD U

24. Children who feel secure often grow up expecting

too much.

SA A D SD U

25. There is nothing worse than a strong-willed two-year-old.

SA A D SD U

26. Sometimes spanking is the only thing that will work.

SA A D SD U

27. Children who receive praise will think too much of themselves.

SA A D SD U

28. Children should do what they're told to do, when they're told to do it. It's that simple.

SA A D SD U

29. Children should be taught to obey their parents at all times.

SA A D SD U

30. Children should know what their parents need without being told.

SA A D SD U

31. Children should be responsible for the well-being of their parents.

SA A D SD U

32. It's OK to spank as a last resort. SA A D SD U

33. Parents should be able to confide in their children.

SA A D SD U

34. Parents who encourage their children to talk to them only end up listening to complaints.

SA A D SD U

35. Children need discipline, not spanking. SA A D SD U

36. Letting a child sleep in the parents' bed every now and then is a bad idea.

SA A D SD U

37. A good spanking lets children know parents mean business.

SA A D SD U

38. A good child will comfort both parents after they have argued.

SA A D SD U

39. "Because I said so" is the only reason parents need to give.

SA A D SD U

40. Children should be their parents' best friend. SA A D SD U

Note. From Adult-Adolescent Parenting Inventory (AAPI-2) by Family Development Resources, 2006, Park City, UT: Author. Copyright 2006 by Family Development Resources. Reprinted with permission.

Appendix B

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Note. From *Nurturing Parenting Program Parent Handbook*, by S. J. Bavolek & J. D. Bavolek, 2001, Park City, UT: Family Development Resources.